CHAPTER 5

DEATHS AND PSYCHIATRIC CONDITIONS (PERSONALITY)

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Section A - Deaths.

1. General. Chapter 11 of the Personnel Manual, COMDTINST M1000.6(series) contains further guidance concerning casualties and decedent affairs.

2. Duties of Medical Officers or Health Services Department Representatives in the Event of A Death at A Coast Guard Unit. The medical officer or health services department representative shall report immediately to the scene and:

   a. advise the commanding officer of the name, grade or rate, and social security number of the decedent;

   b. advise the commanding officer of the time and place of death;

   c. advise the commanding officer, insofar as possible, as to the cause of death;

   d. ensure notification of the quarantine officer or coroner if required; and

   e. arrange with local civilian authorities for issuing a death certificate.

3. Determining Cause of Death. When an active duty Coast Guard member dies aboard a Coast Guard vessel or station under unnatural or suspicious circumstances, or when the cause of death is unknown, an administrative investigation shall immediately be convened in accordance with Section 11-A-3 of the Personnel Manual, COMDTINST M1000.6(series) and Chapter 5 of the Administrative Investigations Manual, COMDTINST M5830.1 (series).

4. Death Certificates for Deaths Occurring Away From Command or in Foreign Ports.

   f. When an active duty member dies while away from his/her duty station, the commanding officer or designated representative shall obtain a death certificate from civilian authorities. If the civilian death certificate does not furnish all necessary information, the district commander of the district in which the death occurred shall request additional information.

   g. If death occurs abroad, request the nearest United States Consular Office to obtain a death certificate from civilian authorities.

   h. When an active duty member, or a Reserve performing inactive duty for training, is in a missing status because of events in international waters and no identifiable remains can be recovered, and no civilian death certificate is issued, a report (including recommendations) shall be made as per Section 11-A, Personnel Manual, COMDTINST M1000.6 (series).

5. Relations with Civilian Authorities. When a Coast Guard member dies outside the limits of a Coast Guard reservation, the body shall not be moved until permission has been obtained from civilian authorities (e.g., coroner's office and/or medical examiner). In

order that there may be full understanding and accord between the Coast Guard and civilian authorities, appropriate procedures will be developed for each command area, in consultation with the civilian authorities, covering deaths of personnel within and without the limits of Coast Guard commands. In general, and except where the state has retained concurrent jurisdiction with the United States, civilian authorities have no jurisdiction over deaths occurring on Coast Guard reservations. A transit or burial permit, however, issued by civilian authorities is required for removal of a body from a Coast Guard reservation for shipment or burial.

6. Reporting Deaths to Civilian Authorities. When a death occurs at a Coast Guard activity in any state, territory, or insular possession of the United States, the death must be reported promptly to civilian authorities. Local agreements concerning reporting and preparing death certificates shall be made between the commanding officer, or designated representative, and the civilian authorities.

7. Death Forms for Civilian Agencies and Individuals. Forward all requests for completing blank forms concerning death of Coast Guard personnel to Commandant (G-WP) for action.

8. Identification of Remains. Identification of remains may be established by marks and scars, dental records, fingerprints, and personal recognition. In questionable cases, a dental officer shall examine the remains and record observations on a SF-603 for comparison with other available records.

Section B - Psychiatric Conditions (including personality disorders).

1. General. The following diagnostic categories conform to DSM IV-R and indicate the appropriate reference for disposition. In determining qualification for appointment, enlistment, and induction, or appropriate disposition (when the condition has been determined to be disqualifying for retention in accordance with paragraph 3-F-16), the diagnosis appears under DSM IV Axis I or Axis II. Conditions generally considered treatable and not grounds for immediate separation, mental health treatment may be authorized for members when medically necessary to relieve suffering and/or maintain fitness for unrestricted duty. The decision to provide treatment for mental health conditions will be based on a review of all factors, including the opinion of experts, probability of a successful outcome, and the presence of other physical or mental conditions.

    a. If a successful outcome (availability for worldwide assignment) is not realized within six months of the initiation of therapy, the patient's condition must be reassessed. If the reassessment indicates that the prognosis for a successful outcome is poor, the member shall be processed for discharge pursuant to Chapter 12 of the Personnel Manual or through the Physical Disability Evaluation System (PHYSICAL DISABILITY EVALUATION SYSTEM).

2. Personality Disorders. These disorders are disqualifying for appointment, enlistment, and induction under Section 3-D-33 herein or shall be processed in accordance with Chapter 12, Personnel Manual, COMDTINST M1000.6 (series). These are coded on Axis II.

    a. 301.00 Paranoid.

    b. 301.20 Schizoid.

    c. 301.22 Schizotypal.

    d. 301.4 Obsessive compulsive.

    e. 301.50 Histrionic.

    f. 301.6 Dependent.

    g. 301.7 Antisocial.

    h. 301.81 Narcissistic.

    i. 301.82 Avoidant.

    j. 301.83 Borderline.

    k. 301.9 Personality disorder NOS (includes Passive-aggressive).

l. Personality trait(s) considered unfitting per paragraph 3-F-16.c.

3. Adjustment Disorders. These disorders are generally treatable and not usually grounds for separation. However, when these conditions persist or treatment is likely to be prolonged or non-curative, (e.g., inability to adjust to military life/sea duty, separation from family/friends) process in accordance with Chapter 12, Personnel Manual, COMDTINST M1000.6 (series) is necessary.

   a. 309.0 With depressed mood.

   b. 309.24 With anxiety.

   c. 309.28 With mixed anxiety and depressed moods.

   d. 309.3 With disturbance of conduct.

   e. 309.4 With mixed disturbance of emotions and conduct.

   f. 309.90 Adjustment disorder unspecified.

4. Organic Mental Disorders. These disorders are either disqualifying for appointment, enlistment, and induction under Section 3-D-29 of this manual or shall be processed in accordance with Physical Disability Evaluation System (PHYSICAL DISABILITY EVALUATION SYSTEM), COMDTINST M1850.2 (series).

   a. Dementias arising in the senium and presenium.

      (1) Dementia of the Alzheimer type, with early onset.

         (a) 290.00 Uncomplicated.

         (b) 290.11 With delirium.

         (c) 290.12 With delusions.

         (d) 290.13 With depressed mood.

      (2) 290.4 Vascular Dementia (various subtypes).

      (3) 294.x Dementia due to other medical conditions (various subtypes).

      (4) 294.8 Dementia NOS.

   b. Other Organic Mental Disorders associated with Axis III physical disorders or conditions, or etiology is unknown, including but not limited to the following.

      (5) 293.0 Delirium due to general medical condition.

      (6) 293.81 Psychotic disorder with delusions due to a general medical condition.

      (7) 293.82 Psychotic disorder with hallucinosis due to a general medical condition.

      (8) 293.83 Mood disorder due to a general medical condition.

(9) 294.00 Amnestic disorder due to general medical condition.

(10) 310.1 Personality change due to a general medical condition.

5. Psychoactive Substance Use Disorders. These disorders are disqualifying for appointment, enlistment, or induction under Section 3-D-35 of this manual or shall be processed in accordance with Chapter 20, Personnel Manual, COMDTINST M1000.6 (series).

   a. 303.90 Alcohol dependence (alcoholism).

   b. 304.00 Opioid dependence.

   c. 304.10 Sedative, hypnotic, or anxiolytic dependence.

   d. 304.20 Cocaine dependence.

   e. 304.30 Cannabis dependence.

   f. 304.40 Amphetamine dependence.

   g. 304.50 Hallucinogen dependence.

   h. 304.60 Inhalant dependence.

   i. 304.90 Other (or unknown) substance, including PCP dependence.

   j. 305.00 Alcohol abuse.

   k. 305.20 Cannabis abuse.

   l. 305.30 Hallucinogen abuse.

   m. 305.40 Sedative, hypnotic, or anxiolytic abuse.

   n. 305.50 Opioid abuse.

   o. 305.60 Cocaine abuse.

   p. 305.70 Amphetamine abuse.

   q. 305.90 Other (or unknown) Substance abuse, including inhalant and PCP abuse.

6. Schizophrenia. These disorders are disqualifying under Section 3-D-30 of this manual or shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

   a. 295.10 Disorganized type.

   b. 295.20 Catatonic type.

c. 295.30 Paranoid type.

d. 295.60 Residual type.

e. 295.90 Undifferentiated type.

7. Psychotic Disorders Not Elsewhere Classified. These disorders are disqualifying under Section 3-D-30 of this manual or shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

   a. 295.40 Schizophreniform disorder.

   b. 295.70 Schizoaffective disorder.

   c. 297.30 Induced psychotic disorder.

   d. 298.80 Brief psychotic disorder.

   e. 298.90 Psychotic disorder NOS.

8. Delusional (Paranoid) Disorder. 297.1, Delusional (Paranoid) Disorder, is disqualifying under Section 3-D-30 of this manual or shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

9. Neurotic Disorders. These disorders are now included in Anxiety, Somatoform, Dissociative, and Sexual Disorders.

10. Mood Disorders. These disorders are disqualifying for enlistment under Section 3-D-31 of this manual or shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

    a. Bipolar I Disorders.

       (1) 296.0X Bipolar I disorder, single manic episode (various subtypes).

       (2) 296.40 Bipolar I disorder, most recent episode hypomanic.

       (3) 296.4X Bipolar I disorder, most recent episode manic (various sub-types).

       (4) 296.5X Bipolar I disorder, most recent depressed (various sub-types).

       (5) 296.6X Bipolar I disorder, most recent episode mixed, (various sub-types).

       (6) 296.7 Bipolar I disorder, most recent episode unspecified.

       (7) 296.89 Bipolar II disorder.

       (8) 301.13 Cyclothymia.

    b. Depressive Disorders.

       (1) 296.XX Major depressive disorder (various sub-types).

       (2) 300.4 Dysthymic disorder (or depressive neurosis).

(3) 311 Depressive disorder NOS.

11. Anxiety Disorders (or Anxiety and Phobic Neuroses). These disorders are disqualifying for appointment, enlistment, or induction under Section 3-D-32 of this manual or shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series) except as noted on (5) below.

    a. Panic Disorders.

        (1) 300.01 Without agoraphobia.

        (2) 300.21 With agoraphobia.

        (3) 300.22 Agoraphobia without history of panic disorder.

        (4) 300.23 Social phobia.

        (5) 300.29 Specific phobia. [Chapter 12, Personnel Manual,COMDTINST M1000.6 (series).]

    b. Other Anxiety disorders.

        (1) 300.00 Anxiety disorder NOS.

        (2) 300.02 Generalized anxiety disorder.

        (3) 300.3 Obsessive-compulsive disorder (or obsessive compulsive neurosis).

        (4) 309.81 Post-traumatic stress disorder.

12. Somatoform Disorders. These disorders are disqualifying for appointment, enlistment, or induction under Section 3-D-32 of this manual or shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

    a. 300.11 Conversion disorder.

    b. 300.70 Hypochondriasis (or hypochondrical neurosis). Body Dysmorphic disorder. Somatoform disorder NOS.

    c. 300.81 Somatization disorder or undifferentiated somatoform disorder.

    d. 307.80 Pain disorder associated with psychological factors.

13. Dissociative Disorders (or Hysterical Neuroses, Dissociative Type). These disorders are disqualifying for appointment, enlistment, or enlistment under Section 3-D-32 of this manual or shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

    a. 300.12 Dissociative amnesia.

    b. 300.13 Dissociative fugue.

    c. 300.14 Dissociative identity disorder.

d. 300.15 Dissociative disorder NOS.

e. 300.6 Depersonalization disorder.

14. Sexual Disorders. These disorders are processed in accordance with Chapter 12 of the Personnel Manual, COMDTINST M1000.6 (series).

a. Gender Identity Disorders.

(1) 302.6 Gender identity disorder in children (history of) or NOS.

(2) 302.85 Gender identity disorder in adolescents or adults.

b. Paraphilias.

(1) 302.2 Pedophilia.

(2) 302.3 Transvestic fetishism.

(3) 302.4 Exhibitionism.

(4) 302.81 Fetishism.

(5) 302.82 Voyeurism.

(6) 302.83 Sexual masochism.

(7) 302.84 Sexual sadism.

(8) 302.89 Frotteurism.

(9) 302.9 Paraphilia NOS (includes Zoophilia).

15. Sexual Dysfunctions. These are not grounds for action as they have no direct bearing upon fitness for duty.

a. 302.70 Sexual dysfunction NOS.

b. 302.71 Hypoactive sexual desire.

c. 302.72 Female arousal disorder. Male erectile disorder.

d. 302.73 Female orgasmic disorder.

e. 302.74 Male orgasmic disorder.

f. 302.75 Premature ejaculation.

g. 302.76 Dyspareunia.

h. 302.79 Sexual aversion disorder.

i. 302.9 Sexual Disorder NOS.

j. 306.51 Vaginismus.

16. Factitious Disorders. These disorders are disqualifying for appointment, enlistment, or induction under Section 3-D-32 of this manual or should be processed in accordance with Chapter 12 of the Personnel Manual, COMDTINST M1000.6 (series).

    a. 300.16 With predominantly psychological symptoms.

    b. 300.19 Factitious disorder NOS.

    c. 301.51 With predominantly physical symptoms, or combined.

17. Disorders of Impulse Control Not Elsewhere Classified. These disorders are disqualifying for enlistment under Section 3-D-33 of this manual or should be processed in accordance with Chapter 12 of the Personnel Manual COMDTINST M1000.6 (series).

    a. 312.30 Impulse control disorder NOS.

    b. 312.31 Pathological gambling.

    c. 312.32 Kleptomania.

    d. 312.33 Pyromania.

    e. 312.34 Intermittent explosive disorder.

    f. 312.39 Trichotillomania.

18. Disorders Usually First Evident in Infancy, Childhood, or Adolescence. Except as indicated in parentheses, these disorders are disqualifying for appointment, enlistment, or induction under Section 3-D-33 of this manual, or shall be processed in accordance with Chapter 12 of the Personnel Manual, COMDTINST M1000.6 (series), if the condition significantly impacts, or has the potential to significantly impact performance of duties (health, mission, and safety).

    a. Mental Retardation (Note: these are coded on Axis II).

        (1) 317 Mild mental retardation, IQ 50-70.

        (2) 318.X Moderate, severe, or profound mental retardation, IQ 35-49.

        (3) 319 Mental retardation, severity unspecified.

    b. Disruptive Behavior Disorders.

        (1) 314.0X Attention deficit hyperactivity disorder (various types).

        (2) 312.8 Conduct disorder.

        (3) 312.9 Disruptive behavior disorder or attention deficit disorder, NOS.

        (4) 313.81 Oppositional defiant disorder.

    c. Other Disorders of Infancy, Childhood, or Adolescence.

(1) 307.30 Stereotypic movement disorder.

(2) 309.21 Separation anxiety disorder.

(3) 313.23 Selective mutism.

(4) 313.82 Identity problem.

(5) 313.89 Reactive attachment disorder of infancy or early childhood.

d. Eating Disorders. Eating disorders have a potential to affect fitness for duty, but the diagnosis of an eating disorder does not automatically mean the member is unsuitable for continued service. Individuals suspected of having an eating disorder shall be referred for evaluation by an Armed Forces psychiatrist or Armed Forces clinical psychologist. Treatment may be authorized in accordance with the same criteria as other mental conditions. See paragraph 5.B.1 of this Manual.

(1) 307.1 Anorexia nervosa. (Shall be processed through Physical Disability Evaluation System (COMDTINST M1850.2))

(2) 307.50 Eating disorder NOS. Shall be processed in accordance with Chapter 12.B.12 or 12.A.15.h (as applicable) of the Personnel Manual, COMDTINST M1000.6(series), if the condition significantly impacts or has the potential to significantly impact performance of duties (health, mission, and safety).

(3) 307.51 Bulimia nervosa. (Shall be processed through Physical Disability Evaluation System (COMDTINST M1850.2))

(4) 307.52 Pica.

(5) 307.53 Rumination disorder.

e. Tic Disorders.

(1) 307.20 Tic disorder NOS.

(2) 307.21 Transient tic disorder.

(3) 307.22 Chronic motor or vocal tic disorder.

(4) 307.23 Tourette's disorder.

f. Communication Disorder.

(1) 307.0 Stuttering.

(2) 315.31 Expressive or mixed (expressive-receptive) language disorder.

(3) 315.39 Phonological disorder.

g. Elimination Disorders.

(1) 307.46 Sleepwalking disorder.

(2) 307.46 Sleep terror disorder.

(3) 307.6 Enuresis (not due to a general medical condition).

(4) 307.7 Encopresis (without constipation and overflow incontinence.)

h. Pervasive Developmental Disorder.

(1) 299.00 Autistic disorder.

(2) 299.80 Pervasive developmental disorder NOS.

i. Specific Learning Developmental Disorders - (Note: These Are Coded on Axis II).

(1) 315.00 Reading disorder.

(2) 315.1 Mathematics disorder.

(3) 315.2 Disorder of written expression.

(4) 315.4 Developmental coordination disorder.

(5) 315.9 Learning disorder NOS.

19. 316.00 Psychological Factors Affecting Physical Condition. This disorder is not generally grounds for action alone. The physical condition must be specified on Axis III and will determine fitness.

20. V Codes for Conditions Not Attributable to a Mental Disorder that are a Focus of Attention or Treatment. These disorders are generally not of such severity as to lead to disqualification for enlistment or to separation. Where separation is indicated, process in accordance with Chapter 12 of the Personnel Manual, COMDTINST M1000.6 (series).

a. V15.81 Noncompliance with medical treatment.

b. V61.1 Partner relational problem.

c. V61.20 Parent-child relational problem.

d. V61.8 Sibling relational problem.

e. V62.2 Occupational problem.

f. V62.3 Academic problem.

g. V62.81 Relational problem NOS.

h. V62.82 Bereavement.

i. V62.89 Borderline intellectual functioning.

j. V62.89 Phase of life problem or religious or spiritual problem.

k. V65.2 Malingering. (May be grounds for legal, administrative, or medical board proceedings in accordance with Section 2-A-4 of this manual depending on the circumstances)

l. V71.01 Adult antisocial behavior.

m. V71.02 Child or adolescent antisocial behavior.

21. Additional Codes. These are nondiagnostic codes for administrative use and require no action.

a. V71.09 No diagnosis or condition on Axis I.

b. V71.09 No diagnosis on Axis II.

c. 300.9 Unspecified mental disorder (nonpsychotic).

d. 799.9 Diagnosis or condtion deferred on Axis I.

e. 799.9 Diagnosis deferred on Axis II.

Section C - Command directed Mental Health Evaluation of Coast Guard Service members.

1. General. A commander, (including commanding officers, of clinics) shall refer a Service member for an emergency mental health evaluation as soon as is practicable whenever a Service member indicates an intent to cause serious injury to himself or others, and the commander believes that the Service member may be suffering from a mental disorder.

   a. Active Duty Mental Health Conditions and Emergencies, COMDTPUB P6520.1 refers to Public Law 102-484, Section 546, also known as the "Boxer Amendment" The Coast Guard is not included and therefore not subject to the Boxer's Amendment. These restrictions are intended to prevent the unwarranted mental health evaluations or involuntary hospitalization as a form of harassment or retaliation.

   b. Prior to transporting a Service member for an emergency evaluation, or shortly thereafter if the time and nature of the emergency does not permit, the commanding officer shall consult directly with a mental health care provider (or other health care provider if a mental health care provider is not available) at the MTF. The purpose of this consult is to communicate the observations and circumstances which led the commander to believe that the Service member's behavior constituted an emergency. The commander will then forward to the mental health care provider consulted a memorandum documenting the information discussed.

2. When not an emergency, commanding officers suspecting a mental health evaluation may be indicated will:

   a. Contact the appropriate point of contact at the servicing Coast Guard Medical clinic and speak directly with the point of contact to request a command-directed mental health evaluation. Signs of mental illness can include changes in behavior, mood, or thinking that interfere with normal functioning. The health care provider will clarify the request, urgency of the referral, and schedule an appointment.

   b. Provide a memorandum from the commanding officer to the DoD MTF/clinic commander documenting this contact, subject: Command Referral for Mental Health Evaluation of (Service Member Rank, Name, Branch of Service and SSN. (sample letter Figure 1).

   c. Counsel the Service member and insure that the Service member is provided written notice of the referral. A sample memorandum from the commanding officer to the MTF/clinic commander documenting this contact, subject: Notification of Commanding Officer Referral for Mental Health Evaluation (Non-Emergency). The notice will include the following: (sample letter Figure 2)

      (1) Date and time the mental-health evaluation is scheduled.

      (2) A brief, factual description of the Service member's behavior and verbal expressions that indicate a mental-health evaluation is necessary.

(3) Names of mental-health professionals the commander has consulted before making the referral. If consultation is not possible, commanders must include the reasons in the notice.

d. Request the Service member sign the notice to report for a mental- health evaluation. If the Service member refuses to sign, the commander will note this response in the notice.

e. Provide an escort to Service member referred for a mental- health evaluation.

3. Commanders shall provide a copy of the following rights to Service members who are referred:

a. A Service member has the right to obtain a second opinion at his own expense. The evaluation should be conducted within a reasonable period of time, usually within 10 days and will not delay nor substitute for an evaluation performed by a DoD mental health care.

b. No person may restrict the Service member from communicating with an attorney, IG, chaplain, Member of Congress, or other appropriate party about the member's referral.

c. Other than emergencies, the Service member will have at least 2 workdays before a scheduled mental-health evaluation to meet with an attorney, chaplain, IG, or other appropriate party. If a commander has reason to believe the condition of the Service member requires an immediate mental-health evaluation, the commander will state the reasons in writing as part of the request for evaluation.

d. If military duties prevent the Service member from complying with this policy, the commander seeking the referral will state the reasons in a memorandum.

4. No one will:

a. Refer a Service member for a mental-health evaluation as a reprisal for making or preparing a lawful communication to a Member of Congress, an authority in the Service member's chain of command, an IG, or a member of a DoD audit, inspection, investigation, or law enforcement organization.

b. Restrict a Service member from lawfully communicating with an IG, attorney, Member of Congress, or others about the Service member's referral for a mental-health evaluation.

c. These policies are not designed to limit the commander's authority to refer Service members for emergency mental-health evaluations and treatment when circumstances suggest the need for such action.

5. The specific procedures required by these regulations apply to mental health evaluations directed by a service member's commander as an exercise of the commander's discretionary authority. Evaluations NOT covered by these procedures include:

   a. Voluntary self-referrals;

   b. Criminal responsibility and competency inquiries conducted under Rule for Court-Martial 706 of the Manual for Courts-Martial;

   c. Interviews conducted according to the Family Advocacy Program;

   d. Referrals to the Alcohol and Drug Abuse Prevention and Control Program;

   e. Security clearances.

   f. Diagnostic referrals from other health care providers not part of the Service member's chain of command when the Service member consents to the evaluation; and;

   g. Referrals for evaluations expressly required by regulation, without any discretion by the Service member's commander, such as enlisted administrative separations.

6. Procedures for using the memorandum requesting a mental health evaluation in emergency situations Commanders will:

   a. When completing the memorandum Commanders should include as many details as possible.

   b. Make one copy to give to the Service member.

   c. Ensure that the Service member's escort hand carries the memorandum to the treatment facility. The memorandum will not be hand carried by the Service member being referred. This memorandum will not be sent through distribution channels, nor will it become part of the Service member's health record. The memorandum will be filed in the Department of Psychiatry of the medical treatment facility where the Service member was evaluated.

FIGURE 1

Sample: Commanding Officer request for routine (non emergency) Mental Health Evaluation

Date:

Memorandum for Commanding Officer (Name of Medical Treatment Facility (MTF) or Clinic)

From: Commanding Officer, (Name of Command)
Subject: Command Referral for Mental Health Evaluation of (Service Member Rank, Name, Branch of Service and SSN)

Reference (a) Medical Manual COMDTINST M6000.1B, Chap 5-C
(b) Active Duty Mental Health Conditions and Emergencies, COMDTPUB P6520.1

1. In accordance with references (), I hereby request a formal mental health evaluation of (rank and name of Service member).
2. (Name and rank of Service member) has (years) and (months) active duty service and has been assigned to my command since (date). Armed Services Vocational Aptitude Battery (ASVAB) scores upon enlistment were: (list scores). Past average performance marks have ranged from _____ to _____ (give numerical scores). Legal action is/is not currently pending against the Service member. (If charges are pending, list dates and UCMJ articles). Past legal actions include: (List dates, charges, non judicial punishments (NJPs) and/or findings of Courts Martial.)
3. I have forwarded to the Service member a memorandum that advises (rank and name of Service member) of his (or her) rights. This memorandum also states the reasons for this referral, the name of the mental health care provider(s) with whom I consulted. A copy of this memorandum is attached for your review.
4. (Service member's rank and name) has been scheduled for evaluation by (name and rank of metal healthcare provider) at (name of MTF or clinic) on (date) at (time).
5. Should you wish additional information, you may contact (name and rank of the designated point of contact) at (telephone number).
6. Please provide a summary of your findings and recommendations to me as soon as they are available.

(Signature)
Rank and Name of Commanding Officer

Attachment:
As stated

FIGURE 2

Sample: Service member notification of Commanding Officer referral for Mental Health Evaluation.

Date:

Memorandum for (Service member's rank, name and SSN)
From: Commanding Officer, (Name of Command)
Subject: Notification of Commanding Officer referral for Mental Health Evaluation (non emergency).

References: (a) Medical Manual COMDTINST M6000.1B, Chap 5-C
(b) Active Duty Mental Health Conditions and Emergencies, COMDTPUB P6520.1

1. In accordance with references (), this memorandum is to inform you that I am referring you for a mental health evaluation.

2. The following is a description of your behaviors and/or verbal expressions that I considered in determining the need for a mental health evaluation: (Provide dates and a brief factual description of the Service member's actions of concern.)

3. Before making this referral, I consulted with the following mental health care provider(s) about your recent actions: (list rank, name, corps, branch of each provider consulted) at (name of Medical Treatment Facility (MTF) or clinic) on (date(s)). (Rank(s) and name(s) of mental healthcare provider(s)) concur(s) that this evaluation is warranted and is appropriate.

OR

Consultation with a mental healthcare provider prior to this referral is (was) not possible because (give reason; e.g., geographic isolation from available mental healthcare provider, etc.)

4. Per references (a) and (b), you are entitled to the rights listed below:
The right to obtain a second opinion and be evaluated by a mental healthcare provider of your own choosing, at your own expense, if reasonably available. Such an evaluation by an independent mental healthcare provider shall be conducted within a reasonable period of time, usually within 10 business days, and shall not delay nor substitute for an evaluation performed by a DoD mental healthcare provider.

   a. The right to communicate without restriction with an IG, attorney, Member of Congress, or others about your referral for a mental health evaluation. This provision does not apply to a communication that is unlawful.

b. The right, except in emergencies, to have at least two business days before the scheduled mental health evaluation to meet with an attorney, IG, chaplain, or other appropriate party. If I believe your situation constitutes an emergency or that your condition appears potentially harmful to your well being and I judge that it is not in your best interest to delay your mental health evaluation for two business days, I shall state my reasons in writing as part of the request for the mental health evaluation.

c. If you are assigned to a naval vessel, deployed or otherwise geographically isolated because of circumstances related to military duties that make compliance with any of the procedures in paragraphs (3) and (4), above, impractical, I shall prepare and give you a copy of the memorandum setting forth the reasons for my inability to comply with these procedures.

5. You are scheduled to meet with (name and rank of the mental healthcare provider) at (name of MTF or clinic) on (date) at (time).

(Signature)
Rank and Name of Commanding Officer

I have read the memorandum above and have been provided a copy.
Service member's signature:_____ Date:_____
OR:
The Service member declined to sign this memorandum which includes the Service member's Statement of Rights because (give reason and/or quote Service member).

Witness's signature:_____ Date:_____
Witness's rank and name:_____ Date:_____

(Provide a copy of this memorandum to the Service member.)